

PART B - FEE(S) TRANSMITTAL

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58467 7590 04/01/2011

MHKKG/Oracle (Sun)
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/692,765	10/19/2000	Thomas E. Saulpaugh	5181-65700	8734

TITLE OF INVENTION: EVENT MESSAGE ENDPOINTS IN A DISTRIBUTED COMPUTING ENVIRONMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	07/03/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
DIVECHA, KAMAL, B	2451	709-206000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- Robert C. Kowert
 Meyertons, Hood, Kivlin, Kowert & Goetzl, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Oracle America, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Redwood City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number 501505 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Robert C. Kowert/

Date June 30, 2011

Typed or printed name Robert C. Kowert

Registration No. 39,255

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